

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35685
Do not use this space.

NOV 15 1937

791
1003

1. PLACE OF DEATH.....
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo..... (d) Street No. Christian Hospital..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George F. Wildeisen
 (a) Residence, No. 758 Ponce Ave St. 8
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Selma Wildeisen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1903
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Service Mgr.
 9. Industry or business in which work was done, as saw mill, bank, etc. Kuhs-Meyer Mtr Co
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME William C. Wildeisen
 14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Lottie Schnur
 16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

17. INFORMANT Louis W. Wildeisen
 (ADDRESS) Halls Ferry Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct 5 1937

19. FUNERAL DIRECTOR (ADDRESS) 2707 N. Grand Blvd

20. FIO OCT 4 1937 J. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1937, to Oct 2 1937
 I last saw him alive on October 2, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and related causes of importance were as follows:

PLEURISY Result of a bad cold
 Date of onset SEPT. 2, 1937
106a
 Other contributory causes of importance: EMPYEMA following Pleurisy

Name of operation PLEUROTOMY Date of SEPT 20 1937
 What test confirmed diagnosis? NO Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury NONE
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) J. Van Hoefen M. D.
 (Address) 8313 HALLS FERRY RD. CITY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION 213

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)